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In 1909 I accepted the position of superintendent (here called matron) of an orphan asylum and hospital for infants in Lima and should like to write a few lines to the JOURNAL.

B. M., R.N.

A SUGGESTION FOR COMMENCEMENT EXERCISES

DEAR EDITOR: I haven't been active in the nursing world for three years, but since January have been reading *THE AMERICAN JOURNAL OF NURSING*, and from it have derived so much enthusiasm and inspiration, that before re-entering the field of nursing have determined to take the course in Hospital Economics offered by Teachers' College.

In looking over the programmes of recent commencement exercises of different training schools, the question arises that was ever present during preparations for the graduating exercises, ten years ago, of a certain class of nurses of which I was a member.

Why do not nurses furnish the literary and musical parts of their own commencement exercises? Why it is that all the places are filled by outside speakers, elocutionists, and musicians, and not a nurse expected to do anything that shows she has brains or talent?

In this class of which I have made mention, there were two college graduates, three high school graduates, and at least three of the members were fairly good musicians, and when a number of us would get together in the reception room and sing, while one accompanied on the piano, the result was not bad. Yet when commencement came, all we were expected to do was to march into the chapel and keep our seats till the program was finished, then stand up and make a bow when our diplomas were presented.

I am sure a program given by nurses would be interesting to an audience composed, chiefly, of their own particular friends and relations, although it might not show such high finish and art as one rendered by outside talent.

M. G. B.

(This seems to us a good suggestion, and we do not see why a demonstration by part of the class, and several essays on nursing subjects by others, with music by the members who are gifted, would not make a welcome change from the customary addresses. In several schools the singing by the seniors of the "school hymn"; in others, the administration of the Nightingale pledge, or the Hippocratic Oath, are the most impressive parts of the program.—Ed.)

TWO UNUSUAL CASES

DEAR EDITOR: If not imposing or taking too much space in your valuable JOURNAL, I would like to ask those readers particularly interested in obstetrics, if they have experienced a case of hemorrhage in the new-born. Having had two such cases within six months, and being unable to fully understand the cause, I would like to hear if I am the only unfortunate to have such experiences and so similar.

My first case was on April 3, 1909, normal labor, baby girl, 8 pounds, delivered at 10 P.M., Saturday. During the night the babe slept well; cried occasionally, Sunday, all night; Sunday night a little more wakeful, urinated and passed meconium shortly after birth, and took the breast. Monday, early in the morning, the babe was more restless, cried as though in pain. This continued until

9 A.M., when she began to cry harder and passed a stool which was a dark brown. She had two movements within one-half hour, and I noticed instead of a dark brown it was more of a reddish. Not feeling that all was well I telephoned for the doctor as he had not made his morning call. By this time she had another and it was quite a decided red. By the time doctor arrived it was very evident that the little one was having hemorrhage. This continued for twelve hours, the intervals between the movements varying from twenty minutes to one-half hour, the little one crying sharply with each discharge. Sometimes the stool was of a thick substance and later clots. The doctor ordered alum injections, but these proved too severe, after two treatments, causing so much distress. For medication she had sodium chloride, gtt. X, every two hours, Wyeth's infant anodine, 1 pellet every hour, and atropine gtt. 1, of 1-100, every two hours. A consultation was held and there seemed nothing but death for the little one. Her body was very yellow and her face pinched, every indication of shock and exhaustion. After twelve hours, the movements became less frequent and gradually became normal and the baby is now perfectly well and has never had another attack.

Case number 2. October 2, 1909.—Normal labor, baby girl, 7 pounds. Babe very red, especially head and face, at birth. Slept fairly well first night, cried out a few times, but no more than usual. Mecomium at birth, but none during the night or in the morning. About 11 o'clock the next morning she vomited a brown mucus discharge, seemed relieved, and I placed her in the crib. She remained quiet until shortly after noon when she vomited again, of the same nature. I noticed she was straining. I carried her away from the mother and saw such a sight! Her entire clothing and back up to her neck were saturated with that peculiar reddish brown discharge with a pungent odor. I asked some one to telephone for the doctor at once. He was the same physician who had charge of the other case and we began the same treatment. The little one was so weak after this that I removed her clothing and wrapped her up. She cried constantly and though she only had two more slight hemorrhages she gradually grew weaker and at 6 P.M. passed away. It seemed so dreadful to have that precious little soul in such misery, and the poor mother! These two cases at the time were the first the doctor had ever experienced and he has been practising a number of years. Since then, however, he has had another similar, the child vomited instead of passing blood through the bowel.

Our text-books tell us that hemorrhage is often the cause of infant mortality, but it certainly seems strange to have such a condition in an apparently perfect babe. How we do want the little ones to be well, how unhappy is a case when one thing goes wrong, how much pleasure when the mother and babe are well!

I find the JOURNAL such a help to me and do wish all members of the staff every success possible.

A READER.